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CHARD RURAL DISTRICT COUNCIL.
ANNUAL REPORT
of
THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DECEMBER, 1959.

PUBLIC HEALTH OFFICERS:

Medical Officer of Health:

A. M. McCall V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health:

P. P. Fox M.B., Ch.B., D.P.H.
(M.O.H. Yeovil Borough).

Public Health Inspectors:

E. Whisker M.A.P.H.I.
C. V. Muggeridge M.A.P.H.I.
T. A. J. Fowler M.A.P.H.I.



County Council's Health Visitor:

Mrs. O. J. M. Pitt S.R.N., S.C.M., H.V.

Clerk to Medical Officer:

Miss Y. Michael B.A.

COMMITTEES concerned with matters of Public Health:

- | | | | |
|-------------------|-----|-----|---------------|
| (a) Public Health | ... | ... | (23 Members). |
| (b) Housing | ... | ... | (18 Members). |
| (c) Works | ... | ... | (17 Members). |
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CHARD RURAL DISTRICT

-- in the --

COUNTY OF SOMERSET.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR ENDED 31st DECEMBER, 1959.

To the CHARD RURAL DISTRICT COUNCIL.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report for 1959.

There was an outbreak of measles in the early part of the year and a few cases of scarlet fever were reported during the summer months. Otherwise there was comparatively little infectious disease.

I have given details of the very considerable poliomyelitis vaccination programme carried out and I feel certain that at last this crippling disease has been halted. In addition I have made reference to tetanus inoculation and I hope those employed in farm work particularly, will take note of the advice offered.

The Clerk of the Council, Mr. Dommett, retired in October, 1958 after forty years service with the Council and his distinguished service was suitably acknowledged. The Council was fortunate in securing the services of Mr. Hartley and his legal experience has been of considerable value to the Public Health Committee during 1959.

I am,
Your obedient Servant,

A. M. McCALL,

V.R.D., M.R.C.S., L.R.C.P., D.P.H.
Medical Officer of Health.

Health Department,
16, Church Street,
CREWKERNE, Somerset.
October, 1960.

CHARD RURAL DISTRICT

in the
COUNTY OF SOMERSET.

Annual Report of the Medical Officer of Health For the year ended 31st December, 1959.

SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

- POPULATION: The Registrar General gives the estimated mid-year population for 1959 as 12,330, twenty less than last year but 300 more than ten years ago. The rateable value, now over £86,000, has doubled in the decade. The Council's revenue therefore seems to have kept pace with the declining purchasing power of the pound.
- BIRTH RATE: The corrected Birth Rate for the year was 12.84 per thousand of population which is well below the national figure of 16.5. The latter figure is the highest since 1949. There were four illegitimate births in 1959.
- DEATH RATE: The corrected Death Rate for the year was 10.93 per thousand of population, a little below the national figure of 11.6. The figures are probably not significant as the numbers involved in a rural district the size of Chard are really too small when compared with the country at large. However, the causes of death show that our district follows the national pattern. Diseases of the heart were responsible for approximately one third of the total deaths and when those due to vascular disease are added, the cardio-vascular system is responsible for 75 out of a total of 145 deaths. Cancer, the second highest, is well below with 24 deaths. Diseases of the respiratory system accounted for 13 but none of these were due to tuberculosis. There were four deaths due to motor accidents and two suicides.
- MATERNAL MORTALITY: There were no maternal deaths in 1959.
- STILLBIRTHS: There were two stillbirths during the year.
- INFANT MORTALITY: Six infants died during the year, four of whom were under one week of age and these deaths were due to congenital abnormalities.
- SOCIAL SERVICES: The social services provided by the local health authority remained unchanged in 1959.

SECTION B.

General Provision of Health Services in the Area.

There are no County clinic premises in the area although public halls are used in some villages for clinic purposes. For facilities other than child welfare clinics, residents have to go into the nearby towns of Crewkerne and Chard. The local health authority provided no new services in the area during 1959 but the speech therapy clinic in Chard and Crewkerne ceased at the end of 1958 and the new Speech Therapist did not take up her appointment until September, 1959.

Care of Mothers and Young Children.

Antenatal Care.

No antenatal clinics are held in the district. Routine antenatal and post natal examinations are carried out by general practitioners at their surgeries and in the patients homes. They are assisted in this work by the district nurses. In addition clinics are held in Crewkerne and Chard where patients in the rural district can attend for antenatal blood tests. Mothers attend by appointment and the samples are submitted to the laboratory at Taunton for determination of the Rh. factor, for Kahn and Wasserman tests and for haemoglobin estimation. The laboratory provides these clinics with a syringe service, syringes being sterilized centrally and sent to the clinics on demand. While attending these two antenatal clinics mothers are informed of the relaxation classes held there. At these classes the mechanics and physiology of childbirth are explained by fully qualified staff. The knowledge they gain enables them to assist at the birth of their own baby. They are taught the very important art of relaxation and those mothers who attend the clinics regularly are able to relax at the right time and are far fresher at the end of their delivery than would have been the case without this important tuition. Their knowledge gives them a sense of confidence and their reaction to this trying period is in sharp contrast to the anxious and tense mother awaiting her first baby who has not attended these clinics and is largely ignorant of what awaits her.

Domiciliary Midwifery.

As stated above, the district nurses attend expectant and nursing mothers in their areas. The practical service of delivery of the mothers and their after-care follows naturally on the antenatal preparation. I think it is true to say that the mothers of our district approach their time of confinement with the knowledge that they have been well cared for in the preceeding months. They have a sound knowledge of what is to take place and have confidence in the nurses who are looking after them.

Infant Welfare Clinics.

Merriott

This clinic is held twice monthly and Dr. Dauncey is present on each occasion. This clinic has a very active committee and is extremely well supported.

Shepton Beauchamp

The clinic is held once per month and Dr. Cartwright is in attendance on each occasion. The attendance figures at this clinic show a slight improvement on last year.

Tatworth

This clinic is held monthly & Dr. Elliott attends each session. It is well supported and the attendance figures are satisfactory.

Winsham

The attendance figures at this clinic fell to such a low level in 1958 that it became uneconomic and was discontinued at the end of the summer of that year.

Details of all these clinics will be found in Appendix B, Table 1.

Health Visiting.

Mrs. Pitt is the health visitor and tuberculosis health visitor for nearly all the area. A few parishes are served by the district nurse health visitor. Apart from visiting people in their homes, the health visitors also attend school medical inspections and their knowledge of the district and family background is often invaluable.

Mrs. Pitt attends all clinics held by the Chest Physician at the Chard Hospital and does the follow-up work of this Department.

Home Nursing.

The district nurses carried out home nursing throughout the year. The demand for this service is heavy, particularly among older people and entails long hours of routine work. There are never any complaints, in fact quite the reverse, and it reflects great credit on the nursing staff in that they can carry on year after year doing sometimes extremely dull jobs with unfailing kindness and humour.

Immunisation.

There was a considerable demand for vaccination against poliomyelitis at the end of 1958 and when the vaccine became available early in 1959 sessions were organised at frequent intervals. The public had lost their nervousness about American vaccine of the Salk type and both American and vaccine of English manufacture were readily accepted. At first individual appointments were issued but as the volume of applicants increased public sessions were held and met with considerable response. These public sessions were held mainly in Crewkerne, Chard and Ilminster and rural residents were encouraged to attend them. In addition I visited the villages and held smaller public sessions in conjunction with the immunisation of schoolchildren, using the school premises for the purpose. Despite some inevitable delays while the necessary forms were completed, the whole procedure went off with the greatest good humour and the people returned for their second inoculation with little or no prompting. The clerical work was by far the most onerous and a good deal of it had to be done outside normal working hours. However, it was completed cheerfully and I am very grateful. Full details are shown in Appendix B, Table 3.

In addition to the poliomyelitis vaccinations we continued to stress the necessity for immunisation against diphtheria and whooping cough and there was an increasing public awareness of the need for protection against tetanus and the triple vaccine began to be used in the clinics more freely. In view of the high incidence of whooping cough in the first year of life the primary course of three doses is given before the sixth month. Since the danger of whooping cough is negligible after seven years of age, it is not the practice to give the triple vaccine at the age of school entry or later. If the primary course is completed by the sixth month a re-inforcing dose should be given between the 15th and 18th month. A further one is due at school entry and a final one at 8 - 9 years.

The fairly recent death of a young farm worker from tetanus, followed by a Coroner's inquest at which some puzzling statements were made, has led to my frequently being asked about the advisability of immunisation against tetanus. The advice I give to these enquiries is as follows.

Tetanus is unpredictable. It may follow any breach of the skin surface, including clean cuts in the hands, burns and whitlows. The incidence of tetanus varies from region to region in the country but was highest in the areas where the land is heavily pastoral. It is therefore a danger in this area. It is therefore wise for anybody who works on the land or has close contact with it, to receive active immunisation against tetanus. This is given by a course of two injections with Tetanus Toxoid at a month's interval, followed by booster doses every five years. People so protected, who subsequently receive severe cuts, burns etc. which might be a source of tetanus infection would only require a booster dose of the Toxoid.

Those persons who have never had any active immunity against tetanus and who get severe lacerations, burns etc. go to their doctors where they are given passive immunity with A.T.S. This serum gives the person temporary immunity to tetanus but these persons should realize that they should return to their doctor for a full course of active immunisation. This should start 6 - 8 weeks after the A.T.S. was given, by which time none of the protection afforded by the latter would remain in the body.

Another important point to be remembered is the fact that a previous attack of tetanus does not provide immunity against another attack. The probable reason why a course of Toxoid provides a much greater immunity than a previous attack of tetanus is that the amount of formalized toxin present in the usual dose of toxoid used is probably thousands of times the lethal dose for a man.

Vaccination.

In the past few years I have been stressing the importance of vaccination against smallpox and the response has not been encouraging. There is still too high a number of the younger members of the population who are unvaccinated and sooner or later there are bound to be serious outbreaks of smallpox.

Home Help Service.

The Home Help service was again available in the district but is limited by the availability of suitable women to do the work. They naturally have to be carefully selected as the service is jealous of its reputation for hard, efficient work, together with kindness and consideration for those whose temporary difficulties they are helping to overcome. The area Organiser in Yeovil dealt with the applications received from the eastern end of the district and another Organiser in Taunton dealt with those from the western half. Payment for the service can now be made at the clinics in Chard and Crewkerne and this is often convenient.

School Medical Service.

The pressure on the Health Department due to poliomyelitis vaccinations caused some slight curtailment of the school medical service during 1959. I visited all the schools and carried out periodic and special examinations. The periodic examinations referred to are those on entry and leaving school. However, the children due for re-examination had to be left over until the following year. Details of the inspections made are shown in Appendix B, Table 2. These tables also show the percentage of children having milk and dinners in school.

Speech Therapy.

There was some curtailment of this service at the Chard and Crewkerne clinics due to the fact that the Speech Therapist moved from the area in December, 1958 and her successor did not commence work until September, 1959. There was a waiting list for treatment at the end of the year.

School Dental Service.

The part-time dental surgeon based at Chard continued to work among the rural schools in that area and the whole-time dental surgeon based at Crewkerne did similar work in the eastern end of the district until he left in October. The supply of dental surgeons for the school dental service throughout the country is not yet satisfactory and each year the County Dental Officer stresses the importance of the education of children in the care of their teeth. He quite rightly points out that eating sweets and biscuits between meals often leads to early deterioration. Ices and iced lollies are particularly bad in this respect. They upset the chemistry of the saliva of the mouth and early decay results. I suspect that fewer than 50% of the children attending infant and junior schools possess a satisfactory toothbrush and fewer still use them regularly and properly. The usual drill is to brush across the front teeth and then think the job is done. Few of the children I have asked know that they should clean their teeth with an up and down motion which is the only way which will extract the debris from between the

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Vaccination. In the past few years I have been stressing the importance of vaccination against smallpox and the response has not been encouraging. There is still too high a number of the younger members of the population who are unvaccinated and sooner or later there are bound to be serious outbreaks of smallpox.

Home Help Service. The Home Help Service was made available in the district but its limited by the availability of staff. They naturally have to be carefully selected and trained for their work. They naturally have to be careful not to spread infection for those whom they are helping. The Home Help Service is being expanded in Yewell and other districts. They are helping to reduce the number of hospital admissions and another with the application of the Home Help Service. Payment for the service can now be made at the clinics in Chard and Glaston and this is often convenient.

School Medical Services. The pressure on the Health Department due to poliomyelitis vaccinations caused some slight curtailment of the school medical services during 1952. I visited all the schools and carried out periodic and special examinations. The periodic examinations referred to are those on entry and leaving school. However, the children for the first examination had to be left over until the following year. Details of the inspections made are shown in Appendix B, Table 2. These tables also show the percentage of children having milk and dinners in school.

Speech Therapy. There was some curtailment of this service at the Chard and Glaston clinics due to the fact that the Speech Therapist moved from the area in December, 1952 and her successor did not commence work until September, 1953. There was a waiting list for treatment at the end of the year.

School Dental Service. The part-time dental surgeon based at Chard continued to work among the rural schools in that area and the whole-time dental surgeon based at Glaston did similar work in the eastern end of the district until he left in October. The supply of dental surgeons for the school dental service throughout the country is not yet satisfactory and each year the County Dental Officer stresses the importance of the education of children in the care of their teeth. He quite rightly points out that eating sweets and biscuits between meals often leads to early deterioration. Loos and food fibres are particularly bad in this respect. They upset the chemistry of the saliva of the mouth and early decay results. I suggest that over 50% of the children attending infant and junior schools should have their teeth examined by a dental surgeon.

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School Dental Service (continued)

teeth and that they should carefully swill out their mouth afterwards. In the schools in the last few years we have educated the children to wash their hands before and after meals and after using the toilet and encouraged them to have individual towels. Would it not be possible to encourage the children to produce a toothbrush for use in schools after the midday meal? If this is not possible then perhaps they might be encouraged to swill out their mouths with ordinary water at the same time as they wash their hands. This, at least, would dislodge a fair proportion of debris remaining between the teeth and over a period of time might well prevent unnecessary dental decay.

Orthopaedic Services.

When necessary, children are referred to orthopaedic surgeons who hold clinics at Yeovil and Taunton. A clinic is held once per month at Crewkerne and Chard where the orthopaedic sister supervises the follow-up of cases resident in those areas.

Ophthalmic Service.

At all school medical inspections I test the eyes of all children known to have a visual defect and all those who are having their periodic examination. If glasses are not satisfactory I refer them to their optician. If I think a specialist's opinion is necessary, I refer them to the special clinics for schoolchildren held at Yeovil and Taunton. In the early years the children usually wear their glasses regularly, although often they are bent or the lenses scratched and these things have to be remedied frequently.

The most common defect among schoolchildren is, of course, short sight (myopia). This is a progressive condition up until the early twenties, hence the need for repeated changes of lenses. Recent work has shown that if a sufficient amount of calcium is taken daily the rate of deterioration is decreased and sometimes halted and a specialist has been encouraging parents to obtain extra calcium in addition to an adequate milk supply for every child with this defect and those children whose parents have persevered are reaping the benefit.

Epileptics.

Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a school child to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Spastics.

I spoke at length last year about the causes of cerebral palsy and the services available in Somerset. These are unchanged.

Blind Persons.

The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practice. There are 29 registered blind persons resident in the area. Prior to the admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

Ambulance Service.

The Somerset County Ambulance Service covers the area from their Taunton and Yeovil depots. The service worked quite smoothly throughout the year. In addition at night and at week-ends the area is covered by the Red Cross Ambulance from Ilminster and the St. John's Ambulance from Chard.

National Health Service.

Last year I made a brief report on the Service which had been in existence for ten years. I stated that, following the teething troubles, it had settled down and runs smoothly. Taken all round, we in Great Britain have potentially the best, most available and most fair health service in the world today. It is an extremely good service and to ensure that it remains so the public have a duty to use it correctly.

We all have, or should have, our own family doctor. The family doctor has an almost permanent, constant and continuous responsibility for, and duty to his patients in all their illnesses. He sees about seventy per cent of all his patients at least once a year. It is the family doctor who is in charge all the way through an illness. It is he who has to decide when a specialist's help is required. It is he who has to interpret and assess the specialist's advice which he does not accept blindly. It is to him that the patient and relatives turn when the specialist has left the scene.

National Health Service (continued)

We should appreciate the burden of his responsibilities and do all in our power to lessen them. We should always try to consult our doctors early in an illness. Prompt attendance at the surgery often prevents an illness taking a more serious course. The doctor prefers to see his patients in the morning if possible. Nothing can be more irritating for a doctor than to be called in the middle of the night by a patient complaining of a pain which has been present since the previous day. Always be honest with your doctor. Don't go to him in the middle of a busy evening surgery complaining of a trivial illness when you really have a hidden fear that you have a more serious complaint and hope your fears will be allayed by a prolonged conversation during which you do not disclose the true reason for your visit. It is far better to state the fear immediately, even if it is quite unfounded. The examination can be made and the matter disposed of in far less time and in a more satisfactory way for the doctor and the patient. Don't tell your doctor how to treat your illness. He doesn't tell you how to do your job. You start off on the wrong foot if you walk in to see him and open with 'I want my chest X-Rayed', or 'I want such and such medicine'. You probably haven't made the correct diagnosis and even if you have, the treatment may have changed since you read the article in a magazine. Don't reach a stage where you can't do without the pills you take for sleeping and the tablets you take for waking up. Let your doctor find out why you don't sleep or lack vitality during the day. When the cause is removed, the need disappears.

Mental Health Services:

These services are administered by the County Council through the Mental Health Sub-Committee of the County Health Committee. The scope of this Committee covers ascertainment, care and training or discharge, as the case may be, of patients in need of supervision, care or control under the Mental Deficiency Acts. Towards the end of the year the Sub-Committee were preparing plans for enlarging the scope of their work and the County Council will be submitting these proposals to the Ministry in the New Year.

National Assistance Act:

No statutory action was necessary during the year although one or two cases gave rise to anxiety and were considered at length by the Public Health Committee.

Disabled Persons:

In 1959 the Welfare Branch of the Red Cross commenced Good Fellowship Clubs in Crewkerne and Chard. They are held twice a month and cater for handicapped and disabled persons between the ages of 16 - 60. A number of rural residents attend these clubs. The members do handcraft work, play games, entertain one another and conclude the afternoon with tea. It is an excellent example of voluntary service. The clubs have become a centre of good fellowship and happy activity and they have completely changed the outlook of the members who look forward to their afternoon out every fortnight.

Prevention of Accidents:

The Council continued to take active steps to prevent accidents in the home and displayed suitable posters illustrating the more common type of disaster.

SECTION C.

Prevalence and Control over infectious and other Diseases:

There was a fairly sharp outbreak of measles in the early part of the year but otherwise little infectious disease was notified.

It is interesting to note however, that there was an increase in the number of cases of scarlet fever and it would appear that there is a correlation between this infection and the very hot dry summer we enjoyed in 1959.

I have already referred to the poliomyelitis vaccinations carried out during the year. In addition, the B.C.G. vaccination programme continued and vaccination was offered to all children born in 1945 and any who had missed the opportunity in previous years. Skin tests were first done and only those found to be negative to this test were vaccinated. The X-raying of positive reactors has been discontinued. However, it is an interesting point that a follow-up of these cases in other parts of England have shown that in their late teens they provide the biggest source of new cases of tuberculosis. It therefore seems important to me that, even if at the age of 14 - 15 X-Ray results of these young people are negative, they should be encouraged to attend for chest X-Ray at every visit of the Mass Miniature Radiography Unit so that if, in later years any should break down, they would be picked up in the early stages.

The incidence of Tuberculosis has shown a definite decrease in the last ten years. This is no doubt due to the use of new drugs which have proved

Prevalence and Control over infectious and other Diseases (continued)

far more effective than those previously used. The 17 - 24 year old group covers the period when tuberculosis is most commonly contracted. As more children who have received B.C.G. vaccination at school reach this age group, the figures should show a further steep decline in the number of new cases.

For many years Tuberculosis has carried a stigma for those who have been infected with it. Past infection is a bar to service in the Armed Forces and many superannuated jobs in civilian life. With the much greater control given by modern drugs, surely the time has come for fresh thinking on the subject of past tuberculosis infection. It should no longer be a burden one carries for the rest of one's life.

SECTION D.

Environmental Health Services:

A. Sanitary Circumstances

Climatic Conditions

The total rainfall in 1959 was 43.72 inches. It was the best and driest summer in England for many years.

Water Supply

The water supply was satisfactory throughout the year both in quantity and quality. Despite the very dry summer no shortages were experienced and, in fact, we were able to supplement the supplies in the Borough of Chard and the Urban Districts of Crewkerne and Ilminster and also assist the Langport Rural District in their western parishes. Details of the chemical and bacteriological reports will be found in Appendix D, Table 1, together with other relevant data concerning the distribution of the supply.

Drainage and Sewage Disposal

There was no change in the number of parishes with main drainage and sewage disposal systems. The only extension completed during the year was a six inch sewer diversion at Holway, Tatworth, at a cost of £393. Work has progressed with the preparation of future schemes and an order of priority agreed. These are : -

Hinton St. George, Lopen and Seavington	
at an approximate cost of	£55,000.
Broadway and Horton	
at an approximate cost of	£33,000.
Donyatt	
at an approximate cost of	£15,000.

Further improvements are contemplated at Tatworth, Merriott and Misterton. A scheme for Dowlish Wake at an approximate cost of £15,000 is also to be prepared.

Public Cleansing and Refuse Collection

Refuse collection is carried out by direct labour in the district. All parishes are covered. Villages are served twice per month and in the more remote areas once per month. Trade waste is collected at 55/-d per load. Cesspools are emptied by contract at 23/6d per load of 900 gallons.

Rodent Destruction

One rodent operator is employed on this work. Routine inspections of all the Council's property has been carried out throughout the year. In addition a contract service has been offered to farmers. This has proved useful and offered a better control of the area. More rats have been destroyed in this year than previously. The total number of contracts entered into with the Council number 36.

Nuisances

The Public Health Inspectors carried out numerous inspections in the district during the year following complaints of nuisances and, where necessary, statutory action was authorised by the Committee.

A particular source of trouble was the refuse tip at Dowlish Ford operated by the Ilminster Urban District Council. Our heavy equipment was used to overcome the difficulties there and emphasized the necessity for the use of mechanical aids in dealing with the efficient control of tipping.

B. Factories Act

The Public Health Inspectors made a number of visits during the year in connection with this Act and details are shown in Appendix D, Table 2.

C. Housing

Considerable details of the housing situation in the Rural District is given in Appendix D, Table 3. The Council continued to encourage applications for discretionary grants in addition to the applications for standard grants and in this connection decided in January to revert to the practice of giving 50% of the cost with a maximum of £400.

The standard grant has proved very useful in the case of houses which would not have qualified for a discretionary grant due to the fact that they cannot be brought up to the higher standard set by the District Council when considering such applications.

With the gradual improvement of the standard of property generally in the country, we are rapidly reaching a position where some of the worst living conditions exist in almshouses. The plight of old people living in them is often pitiable. Frequently they remain empty because pensioners are reluctant to accept accommodation lacking in any modern amenity. Councils are then faced with a difficult problem. The buildings are often of architectural interest and should be preserved but, at the same time, modernised. The Trustees seldom, if ever, have the money to meet the cost of modernisation and the Charity Commissioners, who have a country wide problem, are not the easiest of Bodies with which to do business. Sometimes, by means of improvement grants, and long term loans, the required capital can be raised, but even then the Trust income does not cover the annual outgoings.

The Council have always been anxious to assist Trustees in their efforts to improve almshouses and schemes have been satisfactorily completed at Ilton and Broadway. However, the conditions under which the residents live at the Whetstone Almshouses at Ilton still give rise to concern.

D. Inspection and Supervision of Food

Milk

There are two registered distributors in the area and two registered dairy premises. Two dealers are licensed to supply designated milk. Sampling was carried out by the County Council's staff. The Rural District became a designated area in October, 1959 despite the opposition of the Council.

Ice Cream

No premises are registered for the manufacture of ice cream but fifty-two are registered for the retail of the pre-packed product. This number continues to increase every year.

Meat

There are ten licensed slaughterhouses in the area and details of the meat inspections carried out are given in Appendix D, Table 4. Owing to the amount of work involved, 100% inspection is not possible throughout the week and it is curtailed at the week-ends. Inspections were also carried out at poultry packing stations and improvements effected where necessary.

Licensed Premises

Outstanding work required at premises in Broadway and Horton Cross was followed up and an improvement resulted. However, the Council were not successful in establishing their contention that wash-hand basins should be provided as standard in the public toilet facilities in all new licensed properties or those in which a major reconstruction was carried out. The licensing justices agreed that such provision was desirable but could find no statutory power which enabled them to require it to be provided. The Council were pursuing this matter through the channels of the Rural District Councils Association at the end of the year. The large motoring organisations had agreed that they would not give their approval to premises without such facilities.

Food Premises in General

Routine inspections were made at food premises in the area but no formal action was found necessary. The co-operation of owners resulted in alterations and improvements to various establishments and the standard of food handling shows an improvement. In addition, all slaughterhouse premises were surveyed and reports were submitted to the owners. At the end of the year summaries were prepared so that a report could be made to the Minister on the facilities available in this Rural District.

APPENDIX A. TABLE 1.

Registrar-General's Estimate of Population mid 1959	...	12,330
Area	...	5½,600 acres.
Number of inhabited houses at the end of 1959 according to the Rate Book	...	4,319
Rateable Value	...	£86,749
Sum represented by a Penny Rate	...	£327. 9. 1d.

APPENDIX A. TABLE 2.

BIRTH RATE: 12.84 per 1,000 population.

Comparability Factor 1.07

			<u>M.</u>	<u>F.</u>	<u>Total.</u>
<u>Live Births:</u>					
Legitimate	...	...	65	79	144
Illegitimate	...	...	3	1	4
		<u>Total</u>	<u>68</u>	<u>80</u>	<u>148</u>
<u>Still Births:</u>					
Legitimate	...	...	1	1	2
Illegitimate	...	...	-	-	-
		<u>Total</u>	<u>1</u>	<u>1</u>	<u>2</u>
<u>Deaths of Infants under 1 year:</u>					
Legitimate	...	...	5	1	6
Illegitimate	...	...	-	-	-
		<u>Total</u>	<u>5</u>	<u>1</u>	<u>6</u>
<u>Deaths of Infants under 4 weeks:</u>					
Legitimate	...	...	4	-	4
Illegitimate	...	...	-	-	-
		<u>Total</u>	<u>4</u>	<u>-</u>	<u>4</u>

APPENDIX A. TABLE 3.

DEATH RATE: 10.93 per 1,000 population.

Comparability Factor 0.93

			<u>M.</u>	<u>F.</u>	<u>Total.</u>
Heart:	Coronary Disease	...	12	6	18
	Other heart disease	...	11	15	26
Circulation:	Vascular lesions of nervous system		11	13	24
	Other circulatory disease		4	3	7
Cancer of:	Stomach	...	3	1	4
	Lung	...	3	-	3
	Breast	...	-	3	3
	Uterus	...	-	1	1
	Other sites	...	10	3	13
Lungs:	Tuberculosis	...	-	-	-
	Influenza	...	2	-	2
	Pneumonia	...	7	1	8
	Other diseases of respiratory system		2	1	3
Diabetes	...	...	-	-	-
Nephritis	...	...	2	-	2
Hypoplasia of prostate	...	...	1	-	1
Syphilitic disease	...	...	-	-	-
Congenital malformations	...	...	2	-	2
Duodenal ulcer	...	...	-	-	-
Other ill-defined diseases	...	...	10	9	19
Motor vehicle accidents	...	...	4	-	4
Accidents other than motor vehicle	...	...	2	-	2
Suicide	...	...	1	1	2
Infective and parasitic diseases	...	...	1	-	1
		<u>Total</u>	<u>88</u>	<u>57</u>	<u>145</u>

APPENDIX B. TABLE 1.

SHEPTON BEAUCHAMP CHILD WELFARE CLINIC.

Statistics for the twelve months ended 31st December, 1959.

1.	No. of children who first attended during the year and who at their first attendance were -			
	Under one year of age	...	19	
2.	No. of children who attended during the year and who were born in:			
	(a) 1959	...	...	17
	(b) 1958	...	...	16
	(c) 1957 - 54	...	...	27
3.	Total attendances during the year made by children who at the date of attendance were :-			
	(a) Under one year of age	...	120	
	(b) Over one but under two years of age	...	65	
	(c) Over two but under five years of age	...	84	
4.	No. of individual mothers who attended during the year	...	48	
5.	Total No. of sessions held:			
	(a) With Medical Officer	...	...	12
	(b) Other sessions	...	...	-
6.	No. of children examined by doctor	...	...	39

TATWORTH CHILD WELFARE CLINIC.

1.	No. of children who first attended during the year and who at their first attendance were -			
	Under one year of age	...	17	
2.	No. of children who attended during the year and who were born in			
	(a) 1959	...	...	14
	(b) 1958	...	...	19
	(c) 1957 - 54	...	...	19
3.	Total attendances during the year made by children who at the date of attendance were :-			
	(a) Under one year of age	...	138	
	(b) Over one but under two years of age	...	67	
	(c) Over two but under five years of age	...	78	
4.	No. of individual mothers who attended during the year	...	40	
5.	Total No. of sessions held:			
	(a) With Medical Officer	...	...	10
	(b) Other sessions	...	...	1
6.	No. of children examined by doctor	...	...	43

APPENDIX B. TABLE 2.

Name of School.	No. on Roll.	No. in-spected.	Date of Inspection.	Children having milk.	Children having dinner.	Diphtheria Immuni-sation.
Ashill ...	18	11	7.10.59	94.44%	88.88%	7
Broadway ...	42	30	4. 2.59	95.24%	69.05%	
Buckland St. Mary	40	33	19.11.58	100%	87.5%	
Chaffcombe ...	19	8	4.11.59	84.21%	57.87%	1
Chillington ...	23	16	20.10.59	100%	95.65%	7
Combe St. Nicholas	47	21	12.11.59	97.89%	38.29%	9
Donyatt ...	27	16	22.10.58	100%	68.15%	3
Hinton St. George	68	35	29. 1.59	88.24%	55.88%	13
Horton ...	56	30	6. 2.59	92.86%	50.71%	14
Ilton ...	79	39	30. 9.58	97.47%	55.61%	
Merriott ...	110	51	9.12.59	81.81%	28.18%	20
Misterton ...	48	24	15. 1.59	100%	18.74%	8
Seavington ...	15	10	18.11.59	93.33%	100%	1
Shepton Beauchamp	38	25	21.10.58	94.73%	52.63%	
Tatworth ...	108	53	29. 9.58	91.66%	25.92%	
Wambrook ...	14	10	3. 9.59	100%	64.28%	
West Crewkerne ...	36	19	5. 2.59	91.66%	88.88%	
Winsham ...	70	32	19.11.59	100%	56.25%	10
Whitestaunton ...	13	9	9.11.59	100%	61.53%	

APPENDIX B. TABLE 3.

POLIOMYELITIS VACCINATION.

Number of persons who received a course of primary vaccination (two injections) and number of persons who received a third (reinforcing) injection during the year 1959.

Born in year	Young Persons.	Children.	Other Groups.			No. of persons (all groups) who received a third (reinforcing) injection.
	1933-42	1943-59.	Exp. mothers.	Drs. & families.	Amb. staff & families.	
	679	1,420	51	-	-	1,443

APPENDIX C. TABLE 1.

INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

Scarlet Fever	...	...	12
Whooping Cough	...	...	2
Measles	...	...	129
Pneumonia	...	...	5

Analysis of Cases notified.

	Under 1yr.	1-2.	2-3.	3-4.	4-5.	5-10.	10-15.	15-20.	20-35.	35-45.	45-65.	65+
Scarlet Fever					1	8	3					
Whooping Cough			1	1								
Measles	2	3	10	7	11	74	20	2				
Pneumonia					1				1		1	2

TUBERCULOSIS.

<u>Age Group.</u>	<u>New Cases.</u>				<u>Deaths.</u>			
	<u>Respiratory.</u>		<u>Non-Respiratory.</u>		<u>Respiratory.</u>		<u>Non-Respiratory.</u>	
	M.	F.	M.	F.	M.	F.	M.	F.
- 1								
1 - 5								
5 - 15		1						
15 - 25	1							
25 - 35		1						
35 - 45								
45 - 55								
55 - 65								
65+								
Age unknown								
<u>Total</u>	1	2	-	-	-	-	-	-

APPENDIX D. TABLE 1.

WATER SUPPLY.

Piped Supplies - results of samples taken for Analysis:

<u>Raw Water.</u>				<u>Treated after going into Supply.</u>			
<u>Bacteriological.</u>		<u>Chemical.</u>		<u>Bacteriological.</u>		<u>Chemical.</u>	
<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>	<u>Satis-</u>	<u>Unsatis-</u>
<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>	<u>-factory.</u>
3	2	-	-	9	-	4	-

Water Supplies from Public Mains:

<u>Direct to Houses.</u>		<u>By means of Standpipes.</u>	
<u>No. of Dwelling-</u>	<u>Population.</u>	<u>No. of Dwelling-</u>	<u>Population.</u>
<u>-houses.</u>		<u>-houses.</u>	
3147	9929	31	103

APPENDIX D. TABLE 2.

FACTORIES ACT, 1937 - 1959.

Inspection for the purpose of provisions as to Health (including inspections made by the Public Health Officers).

<u>Premises.</u>	<u>Number on Register.</u>	<u>Inspections.</u>	<u>Written Notices.</u>	<u>Occupiers prosecuted.</u>
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	9	13	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	36	503 (including slaughter-houses)	-	-
(iii) Other premises	-	-	-	-
<u>Totals</u>	45	516	-	-

Cases in which defects were found	...	...	...	Nil.
Cases in which defects were remedied	...	...	...	Nil.

OUTWORKERS.

No. of outworkers in August list required by Section 10	298
---	-----	-----	-----	-----

HousingACTION TAKEN DURING YEAR:-

- 1) Number of houses included in Clearance Areas for which Orders are still to be made ... Nil
- 2) Number of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957 ... Nil
- 3) Number of houses demolished under Section 42 of the Housing Act, 1957 (Clearance Areas) ... 2
- 4) Number of houses demolished or closed under Section 17 of the Housing Act, 1957 (individual unfits) ... 5
- 5) Number of temporary dwellings (huts etc) demolished ... Nil
- 6) Number of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair) ... 5
- 7) Number of houses made fit during year ... 15
- 8) Number of unfit houses occupied under licence ... Nil
- 9) Rent Act, 1957 (1st Schedule)

Certificates of Disrepair:-

- (a) Number of applications received ... Nil
- (b) Number of Certificates issued ... Nil

	<u>Houses erected during the year.</u>		<u>Houses in course of Erection.</u>		<u>Gained from conversion of large houses or buildings into flats or dwellings.</u>	<u>Lost from conversion of two or more houses to one.</u>
	For Slum Clearance	For other purposes.	For Slum Clearance.	For other purposes.		
Local Authority	6	-	14	6	-	-
Private Enterprise	-	20	-	19	2	2

Number of Post-War houses erected from 1st April, 1945 to 31st December, 1959:

By Local Authority By Private Enterprise

488

234

Housing Programme for 1960

For Slum Clearance. For other purposes.

13

- (a) Number of temporary housing units occupied
 - (i) Prefabs: ... 30
 - (ii) Huts etc: ... Nil
- (b) Number of houses found overcrowded ... Nil

Houses required:

(i)	To replace houses scheduled for demolition	...	...	...	...	13
(ii)	To abate overcrowding	...	...	...	...	Nil
(iii)	For other purposes	...	...	...	...	Nil

TOTAL number of applications for Council Houses at the end of the year 232

TOTAL number of Council Houses sold during the year Nil

No. of permanent dwellings in District as at 31.12.58	Gained from conversions and erected during 1959 (L.A. & P.E.)	TOTAL	Less houses demolished, closed etc. during year	Number of permanent dwellings in District as at 31.12.59 L.A. P.E.	
4298	6 22	739 3587	9	739	3580

IMPROVEMENT GRANTS.

A. Discretionary

Number of applications and houses dealt with by Local Authority during year:

<u>Applications</u>	<u>Received</u>	<u>No. of Dwellings</u>	<u>Applications</u>	<u>Approved</u>	<u>No. of Dwellings</u>
21		25	21		25

NOTE - Number of applications approved in respect of owner/occupiers during year 16

Average cost per dwelling during year £724

Amount of grant payable by Local Authority (average per dwelling).. ... £286

B. Standard

1. Number of applications (a) Received	...	...	...	...	...	24
(b) Approved	...	...	...	...	...	24
2. Number of houses where Standard Amenities have been provided	...	...	...	...	...	24

APPENDIX D TABLE 4

Meat Inspection

	<u>Cattle excluding cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>	<u>Horses</u>
Number killed (if known) ...	-	-	-	-	-	-
Number inspected	756	-	74	4351	512	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned ...	13	-	8	7	12	-
Carcasses of which some part or organ was condemned ...	61	-	-	96	17	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	9.6%	-	10.8%	2.3%	3.1%	-
<u>Tuberculosis only</u>						
Whole carcasses condemned ...	-	-	-	-	-	-
Carcasses of which some part or organ was condemned ...	3	-	-	-	7	-
Percentage of the number inspected affected with tuberculosis	6.4%	-	-	-	-	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned ...	11	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	11	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
<u>Weight of meat condemned (in lbs.) for</u>						
(a) Tuberculosis	-	-	-	-	-	-
(b) Cysticercosis	-	-	-	-	-	-
(c) Other	250	-	-	-	-	-
TOTAL (in lbs.) condemned ..	250	-	-	-	-	-

